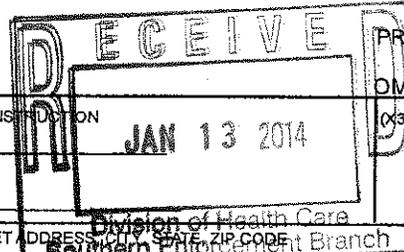


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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PRINTED: 01/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/21/2013
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42501	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  A standard health survey was conducted on 11/19-21/13. Deficient practice was identified with the highest scope and severity at "E" level.  An abbreviated standard survey (KY20972) was also conducted at this time. The complaint was unsubstantiated with no deficient practice identified.	F 000	Submission of this response is neither an admission to nor an agreement with the Deficient Practices noted below, but provided as required under the Conditions of Participation.	
F 272 SS=E	483.20(b)(1) COMPREHENSIVE ASSESSMENTS  The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.  A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential;	F 272	F 272/N169  1. Residents #2, #6, #9, and #12 were affected by this deficient practice but have had no adverse effects from this practice. We have assessed all of these residents for all risk factors of catheter use, including signs of urethral erosion, any pain and/or discomfort. We have also added an anchor (leg/thigh strap) to help secure their catheters. The physicians for these residents were notified with no new orders.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Bill Spurgeon* TITLE: *Adm* (X6) DATE: *1/13/14*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 272	<p>Continued From page 1</p> <p>Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and</p> <p>Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to initially and periodically conduct a comprehensive assessment of each resident's functional capacity for four of eighteen sampled residents (Residents #2, #6, #9, and #12). The residents utilized an indwelling urinary catheter; however, the facility failed to assess the residents and consider the risk factors of having an indwelling urinary catheter, including urethral erosion (wearing away of the canal through which urine flows from the bladder resulting in a split/tear in the penis), pain, and discomfort. (Refer to F279 and F315.)</p> <p>The findings include:</p> <p>Review of the Resident Assessment Instrument (RAI) User Manual Version 3.0 revealed, "The assessment should include consideration of the risks and benefits of an indwelling (suprapubic or urethral) catheter...and consideration of complications resulting from the use of an indwelling catheter (e.g., urethral erosion, pain, discomfort, and bleeding)."</p>	F 272	<p>2. All resident have the potential to be affected by this practice. The Director of Nursing, (DON) the UM's (Unit Managers) and the MDS nurses will conduct a one time audit of the current MDS of all residents who have indwelling catheters for proper assessment, as well as the continued use and functional capacities. Each resident will be assessed for sign of urethral erosion, for proper placement, any abnormal bleeding, any swelling or pain, or any decreased output every shift and has been added to the individual Treatment Record. A pain assessment and a skin assessment will be performed to assure there is no swelling, pain, or discomfort by 12/1/13. Any issues will be addressed immediately and the physicians will be notified. Then they will review, at least, every quarter, for they continued use and functional capacities, as well as any risk factors as stated above.</p>	

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F 272	<p>Continued From page 2</p> <p>1. Review of the medical record for Resident #2 revealed the facility admitted the resident on 07/16/13. The resident's diagnoses included Peripheral Neuropathy, Alzheimer's Disease, Stroke, Diabetes, and Urinary Tract Infection. A review of the resident's admission comprehensive RAI assessment dated 07/25/13 and significant change RAI assessment dated 10/20/13 revealed Resident #2's Brief Interview for Mental Status (BIMS) score was 3, which indicated cognitive impairment. Further review of the assessments revealed facility staff identified that the resident had a urinary catheter. However, the resident's assessment provided no evidence the facility assessed Resident #2 and considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort).</p> <p>Observation of Resident #2 on 11/20/13 at 10:45 AM revealed the resident utilized an indwelling urinary catheter. Further observation revealed staff rolled the resident from side to side in bed. When staff rolled the resident to the right side, the catheter tubing was observed to be pulled tightly.</p> <p>2. Review of the medical record for Resident #6 revealed the facility admitted the resident on 07/01/12, with diagnoses that included Urinary Retention, Congestive Heart Failure, and Pulmonary Edema. A review of the resident's comprehensive (RAI) assessment dated 09/20/13 revealed the resident's BIMS score indicated the resident was cognitively impaired. Further review of the RAI assessment revealed the resident utilized an indwelling catheter; however, the resident's assessment provided no evidence the facility considered the risk factors of the indwelling urinary catheter (urethral erosion, pain,</p>	F 272	<p>3. The measures that will be put into place to ensure that this deficient practice does not reoccur are: The ETD will re-service all nursing staff for proper assessment of the catheter as well as proper care, to include assessing for urethral erosion, pain, swelling, and bleeding. This in-service will be completed by 12/31/13. The facility will include an assessment of the resident's capacity, any risk factors, to our catheter protocol for all residents using a catheter. Beginning 12/1/13, the DON, UM's, and/or the ETD will audit all catheters weekly for four weeks to assure all catheters area free of any symptoms, as well as the residents' functional capabilities and the need for continued use. We have added to check for symptoms such as: unusual bleeding, abnormal discharge, any pain or swelling, and decreased output; to the individual Treatment Record. Any issues identified will be addressed immediately. The facility now has secure devices to attach to the leg to help keep the residents free of possible urethral erosion, swelling, bleeding and pain.</p>		

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F 272	<p>Continued From page 3 and discomfort).</p> <p>Observations of Resident #6 on 11/20/13 at 10:12 AM, during a skin assessment and catheter care revealed the resident utilized an indwelling urinary catheter.</p> <p>3. Review of the medical record for Resident #9 revealed the facility admitted the resident on 08/14/13. The resident's diagnoses included Diabetes, Chronic Renal Failure, Dementia, and Urinary Retention. A review of the resident's admission comprehensive (RAI) assessment dated 08/20/13 and quarterly assessment dated 10/25/13 revealed facility staff identified that the resident had a urinary catheter. However, the resident's assessments provided no evidence the facility assessed Resident #9 and considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort). Further review of the quarterly assessment revealed Resident #9's BIMS score was 6 which indicated cognitive impairment.</p> <p>Observation of Resident #9 on 11/20/13 at 1:00 PM revealed the resident utilized an indwelling urinary catheter. Further observation revealed Resident #9 grimaced and said, "Ohi" when staff wiped the area around the urinary catheter insertion.</p> <p>4. Review of the medical record for Resident #12 revealed the facility admitted the resident on 10/04/13 with diagnoses that included Urinary Retention, Pneumonia, Diabetes, and Cellulitis. A review of the resident's admission comprehensive (RAI) assessment dated 10/11/13 revealed facility staff identified that the resident had a urinary catheter. However, the resident's assessments</p>	F 272	<p>4. The facility plans to monitor its performance to ensure that solutions are sustained by: The facility will monitor all residents using a catheter at least every quarter as well as significant changes and prn to assure resident as assessed for their function capacity, as well as assessed for any sign/symptoms of urethral erosion, swelling, and/ or pain. The facility QA Committee will meet at least monthly beginning 12/15/13, to review audit findings and revise the plan as needed.</p> <p>5. Date of Completion: 12/31/13</p>		

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F 272	Continued From page 4 provided no evidence the facility assessed Resident #12 and considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort).  Further review of the RAI assessment revealed the resident's BIMS score was 14, indicating the resident was cognitively intact.  Interview with Resident #12 on 11/21/13 at 4:00 PM revealed the resident's catheter was "twisted" the previous night and the resident had to summon staff. The resident also stated that he/she had catheter pain when the catheter tubing was pulled when staff assisted the resident with transfers.  An interview with the RAI Coordinator on 11/21/13 at 4:30 PM revealed if a resident who utilized a urinary catheter exhibited signs of erosion or pulling of the catheter, then the risk factors would be assessed only if the risk factors occurred during the assessment reference period.	F 272			
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are	F 279	F279/N185  1. Residents #2, #6, #9, and #12 were affected by this deficient practice but have had no adverse effects from this practice. We have included in their comprehensive care plans, all risk factors of their catheter use, including sign/symptoms of urethral erosion, pain, swelling, and discomfort. We have also added to the comprehensive care plan the use of an anchor (leg strap) to secure their catheters. The physicians for these residents were notified with no new orders.		

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F 279	<p>Continued From page 5</p> <p>to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of facility policies, it was determined the facility failed to assess and consider risk factors of an indwelling urinary catheter (erosion, pain, and discomfort) and develop a care plan based on the assessment for four of eighteen sampled residents (Residents #2, #6, #9, and #12). In addition, the facility failed to develop a care plan that addressed securing residents' indwelling urinary catheter tubing to prevent pulling/pressure per the facility's policy (refer to F272 and F315).</p> <p>The findings include:</p> <p>Review of the facility's Care Plan Policy Statement (not dated) revealed an individualized comprehensive care plan would be developed for each resident to meet the resident's medical, nursing, mental, and psychological needs. The Policy Statement revealed the comprehensive care plan was based on a thorough assessment that included, but was not limited to, the MDS (Minimum Data Set). The Policy Statement further stated each resident's comprehensive care plan was designed to incorporate risk factors associated with identified problems and to reflect currently recognized standards of practice for</p>	F 279	<p>2. All resident have the potential to be affected by this practice. The Director of Nursing, (DON) the UM's (Unit Managers) and the MDS nurses will conduct a one time audit of the current MDS of all residents who have indwelling catheters for proper assessment, as well as the continued use and functional capacity. This will be done by 12/1/13. We have added to the care plans of all resident with catheters sign of urethral erosion, and swelling, pain or discomfort, any abnormal bleeding, or discharge A pain assessment and a skin assessment will be performed to assure there is no swelling, pain, or discomfort and that also will added to the care plan as needed. Any issues will be addressed immediately and the physicians will be notified. Then they will review, at least, every quarter, for they continued use and functional capabilities.</p>		

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F 279	<p>Continued From page 6 problem areas and conditions.</p> <p>An interview conducted with the Director of Nursing on 11/21/13 at 2:40 PM revealed the facility did not have a specific policy related to resident catheter care, but utilized the "Lippincott" nursing manual for procedures related to catheter care and presented Procedure 20-6 Providing Catheter Care from the Lippincott manual. A review of the procedure revealed nursing staff should check that the catheter tubing is free from kinks and staff should make sure that the catheter is securely taped to the person's leg.</p> <p>Review of the Resident Assessment Instrument (RAI) User Manual Version 3.0 revealed, "The assessment should include consideration of the risks and benefits of an indwelling (suprapubic or urethral) catheter...and consideration of complications resulting from the use of an indwelling catheter (e.g., urethral erosion, pain, discomfort, and bleeding). The next step is to develop an individualized care plan based directly on these conclusions."</p> <p>1. Review of the medical record for Resident #2 revealed the facility admitted the resident on 07/16/13. A review of the resident's admission comprehensive RAI assessment dated 07/25/13 and significant change RAI assessment dated 10/20/13 revealed Resident #2's Brief Interview for Mental Status (BIMS) score was 3, which indicated cognitive impairment, and the resident utilized a urinary catheter. The resident's assessment provided no evidence the facility assessed Resident #2 and considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort).</p>	F 279	<p>3. The measures that will be put into place to ensure that this deficient practice does not reoccur are: The ETD will rein-service all nursing staff for proper assessment of the catheter as well as the care plans to include assessing for urethral erosion, pain, swelling, and bleeding. As well as the findings from this assessment, is included on each resident's comprehensive care plan. This in-service will be completed by 12/31/13. The DON, UM's, and/or the ETD will audit all catheters weekly for four weeks to assure all catheters area free of any symptoms, as well as the residents' functional capabilities and the need for continued use. The care plans will be audited as well, to make sure all areas have been addressed. We have added to check for symptoms such as: unusual bleeding, abnormal discharge, any pain or swelling, and decreased output; to the individual Treatment Record, as well as the care plans. Any issues identified will be addressed immediately. The facility now uses secure devices to attach to the leg to help keep the residents free of urethral erosion, swelling, bleeding and pain. and this had also been added to their individual plan of care.</p>		

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F 279	<p>Continued From page 7</p> <p>Review of Resident #2's care plan dated 07/19/13 revealed the resident required the use of a urinary catheter to treat urinary retention. The catheter revealed staff should "anchor" the urinary catheter.</p> <p>Observation of Resident #2 on 11/20/13 at 10:45 AM revealed the resident utilized an indwelling urinary catheter. The catheter was observed attached to a bedside drainage bag, but the tubing was not secured to the resident's leg as required per the facility's policy.</p> <p>2. Review of the medical record for Resident #6 revealed the facility admitted the resident on 07/01/12. A review of the resident's comprehensive RAf assessment dated 09/20/13 revealed the resident's BIMS score indicated the resident was cognitively impaired. Further review of the RAf assessment revealed the resident utilized an indwelling catheter; however, the resident's assessment provided no evidence the facility considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort).</p> <p>Review of Resident #6's care plan dated 09/26/13 revealed the resident should continue with use of an indwelling urinary catheter. There was no evidence the facility developed a comprehensive care plan to address the risk factors of an indwelling urinary catheter.</p> <p>Observations of Resident #6 on 11/20/13 at 10:12 AM, during catheter care revealed the resident utilized an indwelling urinary catheter. The catheter was attached to a bedside drainage bag and the tubing was not secured to the resident's leg as required per the facility's policy.</p>	F 279	<p>4. The facility plans to monitor its performance to ensure that solutions are sustained by: The facility will monitor the care plans of residents using a catheter at least every quarter as well as significant changes and prn to assure resident are assessed for their function capacity, as well as assessed for any sign/symptoms of urethral erosion, swelling, and/ or pain. We will also monitor their care plans to assure all areas of these assessments are addressed. The facility QA Committee will meet at least monthly beginning 12/15/13, to review audit findings and revise the plan as needed.</p> <p>5. Date of Completion: 12/31/13</p>		

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F 279	Continued From page 8  3. Review of the medical record for Resident #9 revealed the facility admitted the resident on 08/14/13. A review of the resident's admission comprehensive RAI assessment dated 08/20/13 and quarterly assessment dated 10/25/13 revealed facility staff identified that the resident had a urinary catheter. However, the resident's assessments provided no evidence the facility assessed Resident #9 and considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort).  Review of Resident #6's care plan dated 07/19/13 revealed the resident required the use of a urinary catheter to treat urinary retention. The catheter revealed staff should "anchor" the urinary catheter.  Observation of Resident #9 on 11/20/13 at 1:00 PM revealed the resident utilized an indwelling urinary catheter. Further observation revealed Resident #9 grimaced and said "Oh!" when staff wiped the area around the urinary catheter insertion. The catheter was attached to a bedside drainage bag and the tubing was not secured to the resident's leg as required per the facility's policy.  4. Review of the medical record for Resident #12 revealed the facility admitted the resident on 10/04/13 with diagnoses that included Urinary Retention, Pneumonia, Diabetes, and Cellulitis. A review of the resident's admission comprehensive (RAI) assessment dated 10/11/13 revealed facility staff identified that the resident had a urinary catheter. However, the resident's assessments provided no evidence the facility assessed Resident #12 and considered the risk factors of	F 279			

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F 279	<p>Continued From page 9</p> <p>the indwelling urinary catheter (urethral erosion, pain, and discomfort).</p> <p>Further review of the RAI assessment revealed the resident's BIMS score was 14, indicating the resident was cognitively intact.</p> <p>A review of Resident #12's care plan dated 10/07/13 revealed the resident had "additional risks" related to urinary retention and indwelling urinary catheter usage. The facility developed a care plan for catheter care "per protocol."</p> <p>An interview with the DON on 11/21/13 at 2:40 PM revealed the protocol for urinary catheter care was not a written protocol but meant for staff to wash the resident with soap and water every shift and as needed.</p> <p>Interview with Resident #12 on 11/21/13 at 4:00 PM revealed the resident's catheter was "twisted" the previous night and the resident had to summon staff. The resident also stated that he/she had catheter pain when staff assisted the resident with transfers and the catheter was pulled. The resident stated the facility did not utilize anything to secure the catheter tubing to the resident's leg.</p> <p>An interview with the RAI Coordinator on 11/21/13 at 4:30 PM revealed resident risk factors would only be assessed if they occurred during the assessment reference period and potential risk factors related to catheter use were not assessed. The RAI Coordinator stated the Unit Managers were responsible for developing resident care plans related to the residents' bladder needs. According to the RAI Coordinator, the resident's care plan to "anchor" a</p>	F 279			

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F 279	Continued From page 10 urinary catheter meant to insert the catheter and inflate the catheter bulb.	F 279			
F 282 SS=D	An interview with the CD Unit Manager on 11/21/13 at 4:50 PM revealed the resident's care plan reference to "anchoring" meant to hang the catheter bag onto the side of the resident's bed or chair. The CD Unit Manager stated she was not aware the facility's procedure was to secure the catheter tubing to the resident's leg.  483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, it was determined the facility failed to ensure services were provided in accordance with each resident's written plan of care for one of eighteen sampled residents (Resident #2). Observation of Resident #2 on 11/19/13, 11/20/13, and 11/21/13, revealed "Wichen" product was not applied to the resident's skin and the resident's chair did not have a cushion and a Dycem as required by the resident's care plan.  The findings include:  A review of the facility's Care Plan Policy Statement (not dated) revealed an individual, comprehensive care plan to meet the resident's medical, nursing, mental, and psychological	F 282	F282/N194  1. R#2 was the only resident found to be affected by this deficient practice. The facility made sure that Resident #2's Wichem was applied immediately. We also made sure that a cushion with Dycem under it was in her recliner as well as her chair at all times. The physician was notified and there were no new orders.		

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F 282	<p>Continued From page 11</p> <p>needs is developed for each resident. The policy statement did not address implementing residents' care plans.</p> <p>A review of Resident #2's care plan initially dated 07/17/13 revealed the resident had the potential for alteration in skin integrity and the resident's breast and "peri" area were red and the resident had a Stage III pressure ulcer to the left hip. The facility developed care plan interventions to include treating the breast and "peri" area as ordered and providing a cushion in the resident's recliner with a Dycem underneath the cushion.</p> <p>Further review of the Resident #2's ADL (Activities of Daily Living) Plan of Care dated 11/10/13 revealed the "Resident is to have a cushion in recliner and Dycem under the cushion (Active 09/30/13 to present)."</p> <p>1. A review of Resident #2's November 2013 physician orders revealed the resident had an order to apply "Wichen" to the breasts and groin every three days.</p> <p>An interview with the facility's wound care nurse on 11/20/13 at 11:00 AM revealed "Wichen" was a wicking cloth product that was used to absorb moisture.</p> <p>A review of the Treatment Record for Resident #2 revealed Wichen was applied to both breasts and groin area on 11/18/13, 11/19/13, and 11/21/13.</p> <p>Observations of Resident #2's skin on 11/20/13 at 10:45 AM revealed the Wichen product was not being utilized in the resident's groin area. The resident's left groin area was observed to be red. Further observations of Resident #2's skin on</p>	F 282	<p>2. The facility has identified that all residents have the potential to be affected by this practice. The DON, UM's and ETD are to audit at least 5 residents for 4 weeks, to ensure that the plan of care is being followed. Any issues identified will be corrected immediately. DON, UMs &amp; the ETD will also audit those 5 residents care plan and CNA sheets to identify that they are consistent with the specific individual needs of the resident and are correct.</p> <p>3. The measures that will be put into place to ensure that this deficient practice does not reoccur are: By 1/01/14, all nursing staff will be re-inserviced by the ETD regarding ensuring all residents receive care according to their specific plan of care, including and the additional cushion and Dycem in recliner as needed. Beginning 1/1/14 The UM's will audit at least 5 residents weekly, for one month, then 3 residents weekly for 2 weeks, then monthly we will randomly check at least 5 residents, their plan of care and their CNA sheets to make sure they are correct, they all match, and reflect what we do for each resident. Any identified issues will be immediately addressed.</p>		

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F 282	<p>Continued From page 12</p> <p>11/21/13 at 5:00 PM, with the Unit Manager, revealed the Wichen product was not being utilized in the resident's groin area and was not under the resident's breasts.</p> <p>An interview with LPN #1 on 11/20/13 at 4:05 PM revealed she applied Wichen to Resident #2's areas "yesterday" because Wichen was not present on Resident #2's groin and breasts. LPN #1 stated the product was good for 72 hours and was not due to be changed; however, the product was not present on 11/19/13.</p> <p>Interview with the Unit Manager on 11/21/13, at 4:50 PM revealed the Unit Manager was not aware Resident #2 was not utilizing the Wichen product. The Unit Manager stated the wound care nurse had ordered the product for the resident and believed the wound care nurse ensured the resident utilized the product.</p> <p>2. Observations of Resident #2 on 11/19/13 at 5:00 PM, 5:45 PM, and 6:35 PM; on 11/20/13 at 2:30 PM; and on 11/21/13 at 10:00 AM and 5:00 PM revealed there was not a cushion or a Dycem (non-slip mat) in the resident's recliner.</p> <p>An interview with State Registered Nursing Aide (SRNA) #1 on 11/21/13 at 5:40 PM revealed resident care needs were communicated to nursing assistant staff through headphones. The SRNA stated if there was a question about resident care, nursing assistants could ask a nurse or another nursing assistant.</p> <p>An interview with SRNA #2 on 11/21/13 at 5:45 PM revealed the resident utilized a cushion in the wheelchair, but was not aware Resident #2 required a cushion or Dycem to the recliner.</p>	F 282	<p>4. The facility plans to monitor its performance to ensure that solutions are sustained by: The facility QA Committee will meet at least monthly beginning 12/15/13, to review audit findings and revise the plan as needed.</p> <p>5. Date of completion: 12/31/13</p>	

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F 315 SS=E	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and a review of facility policies, it was determined the facility failed to ensure four of eighteen sampled residents (Residents #2, #6, #9, and #12) received treatment and services related to indwelling urinary catheter usage. The facility failed to assess and consider risk factors of an indwelling urinary catheter (erosion, pain, and discomfort) and failed to develop a care plan based on the assessment. In addition, the facility failed to develop a care plan that addressed securing residents' indwelling urinary catheter tubing to prevent pulling/pressure per the facility's policy (refer to F272 and F279).</p> <p>The findings include:  Review of the facility's Care Plan Policy Statement (not dated) revealed an individualized comprehensive care plan would be developed for each resident to meet the resident's medical, nursing, mental, and psychological needs. The Policy Statement revealed the comprehensive</p>	F 315	<p>F315/N214</p> <p>1. Residents #2, #6, #9, and #12 were affected by this deficient practice but have had no adverse effects from this practice. These residents were assessed and had no sign/symptoms of any issues related to the deficient practice. We have added results from these assessments to their individual plan of care. The physicians for these residents were notified with no new orders. All have been referred to their physicians for evaluation for the continued use of their catheters.</p>	

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F 315	<p>Continued From page 14</p> <p>care plan was based on a thorough assessment that included, but was not limited to, the MDS (Minimum Data Set). The Policy Statement further stated each resident's comprehensive care plan was designed to incorporate risk factors associated with identified problems and to reflect currently recognized standards of practice for problem areas and conditions.</p> <p>An interview conducted with the Director of Nursing on 11/21/13 at 2:40 PM revealed the facility did not have a specific policy related to resident catheter care, but utilized the "Lippincott" nursing manual for procedures related to catheter care and presented Procedure 20-6 Providing Catheter Care from the Lippincott manual. A review of the procedure revealed nursing staff should check that the catheter tubing is free from kinks and staff should make sure that the catheter is securely taped to the person's leg.</p> <p>Review of the Resident Assessment Instrument (RAI) User Manual Version 3.0 revealed, "The assessment should include consideration of the risks and benefits of an indwelling (suprapubic or urethral) catheter...and consideration of complications resulting from the use of an indwelling catheter (e.g., urethral erosion, pain, discomfort, and bleeding). The next step is to develop an individualized care plan based directly on these conclusions."</p> <p>1. Review of the medical record for Resident #2 revealed the facility admitted the resident on 07/16/13. The resident's diagnoses included Peripheral Neuropathy, Alzheimer's Disease, Stroke, Diabetes, and Urinary Tract Infection. A review of the resident's admission comprehensive RAI assessment dated 07/25/13 and significant</p>	F 315	<p>2. All resident have the potential to be affected by this practice. The Director of Nursing, (DON) the UM's (Unit Managers) and the MDS nurses will conduct a one time audit of the current MDS of all residents who have indwelling catheters for proper assessment, as well as the continued use and functional capabilities. A comprehensive care plan had been developed and implemented to address any issues noted from these assessments, such as abnormal bleeding, swelling, pain, or signs/symptoms of urethral erosion. A pain assessment and a skin assessment will be performed to assure there is no swelling, pain, or discomfort. Any issues will be addressed immediately and the physicians will be notified. Then they will review, at least, every quarter, for they continued use and functional capabilities. We will also assess any risk factors. Any findings will be added to the individual comprehensive care plan. Any resident who enters the facility without an indwelling catheter will not be catheterized unless necessary and the facility will assess for their function capabilities, and remove the catheter as soon as the medical condition warrants.</p>		

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F 315	<p>Continued From page 15</p> <p>change RAI assessment dated 10/20/13 revealed Resident #2's Brief Interview for Mental Status (BIMS) score was 3, which indicated cognitive impairment. The assessments further revealed facility staff identified that the resident had a urinary catheter. However, the resident's assessment provided no evidence the facility assessed Resident #2 and considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort).</p> <p>Review of Resident #2's care plan dated 07/19/13 revealed the resident required the use of a urinary catheter to treat urinary retention. The catheter revealed staff should "anchor" the urinary catheter.</p> <p>Observation of Resident #2 on 11/20/13 at 10:45 AM revealed the resident utilized an indwelling urinary catheter. Further observation revealed the resident's catheter tubing was pulled tightly when staff rolled the resident to the right side. The catheter was observed attached to a bedside drainage bag, but the tubing was not secured to the resident's leg as required per the facility's policy.</p> <p>2. Review of the medical record for Resident #6 revealed the facility admitted the resident on 07/01/12, with diagnoses that included Urinary Retention, Congestive Heart Failure, and Pulmonary Edema. A review of the resident's comprehensive RAI assessment dated 09/20/13 revealed the resident's BIMS score indicated the resident was cognitively impaired. Further review of the RAI assessment revealed the resident utilized an indwelling catheter; however, the resident's assessment provided no evidence the facility considered the risk factors of the</p>	F 315	<p>3. The measures that will be put into place to ensure that this deficient practice does not reoccur are: The ETD will re-in-service all nursing staff for proper assessment of the catheter as well as proper care, to include assessing for urethral erosion, pain, swelling, and bleeding. This in-service will be completed by 12/31/13. The facility now uses secure devices to anchor the catheters and prevent pulling or tugging. The ETD is in servicing the nursing staff and their proper use, as well. This will be completed by 12/1/13. Beginning 12/1/13, the DON, UM's, and/or the ETD will audit all catheters weekly for four weeks to assure all catheters are free of any symptoms, as well as the residents' functional capabilities and the need for continued use. Any findings from these assessments will be added to the individual care plan. We have added to check for symptoms such as: unusual bleeding, abnormal discharge, any pain or swelling, and decreased output; to the individual Treatment Record, as well as the resident's individual plan of care. Any issues identified will be addressed immediately. The facility now uses</p>		

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F 315	<p>Continued From page 16</p> <p>indwelling urinary catheter (urethral erosion, pain, and discomfort).</p> <p>Review of Resident #6's care plan dated 09/26/13 revealed the resident should continue with use of an indwelling urinary catheter. There was no evidence the facility developed a comprehensive care plan to address the risk factors of an indwelling urinary catheter.</p> <p>Observations of Resident #6 on 11/20/13 at 10:12 AM, during catheter care revealed the resident utilized an indwelling urinary catheter. The catheter was attached to a bedside drainage bag and the tubing was not secured to the resident's leg as required per the facility's policy.</p> <p>3. Review of the medical record for Resident #9 revealed the facility admitted the resident on 08/14/13. The resident's diagnoses included Diabetes, Chronic Renal Failure, Dementia, and Urinary Retention. A review of the resident's admission comprehensive RAI assessment dated 08/20/13 and quarterly assessment dated 10/25/13 revealed facility staff identified that the resident had a urinary catheter. However, the resident's assessments provided no evidence the facility assessed Resident #9 and considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort). Further review of the quarterly assessment revealed Resident #9's BIMS score was 6, which indicated cognitive impairment.</p> <p>Review of Resident #6's care plan dated 07/19/13 revealed the resident required the use of a urinary catheter to treat urinary retention. The catheter revealed staff should "anchor" the urinary catheter.</p>	F 315	<p>secure devices to attach to the leg to help keep the residents free of urethral erosion, swelling, bleeding and pain. At least quarterly, or with a significant change of condition, every resident with a catheter will be assessed for its continued use and the individual care plan updated. No resident that is admitted to the facility without an in-dwelling catheter will be catheterized unless medically necessary. Each resident will be assessed prior to use, and risk factors will be addressed on their plan of care as needed.</p> <p>4. The facility plans to monitor its performance to ensure that solutions are sustained by: The facility will monitor the residents with catheters at least quarterly and with any significant change, to assure residents have been properly assessed on the functional capabilities of the resident as well as the risk factors of the continued use. We will ensure that they are assessed for any sign/symptoms of urethral erosion, swelling, pain, etc. We will add any findings to the residents comprehensive care plan. The facility QA Committee will meet at least monthly beginning 12/15/13, to review audit findings and revise the plan as needed.</p> <p>5. Date of Completion: 12/31/13</p>		

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F 315	<p>Continued From page 17</p> <p>Observation of Resident #9 on 11/20/13 at 1:00 PM revealed the resident utilized an indwelling urinary catheter. Further observation revealed Resident #9 grimaced and said "Oh!" when staff wiped the area around the urinary catheter insertion. The catheter was attached to a bedside drainage bag and the tubing was not secured to the resident's leg as required per the facility's policy.</p> <p>4. Review of the medical record for Resident #12 revealed the facility admitted the resident on 10/04/13 with diagnoses that included Urinary Retention, Pneumonia, Diabetes, and Cellulitis. A review of the resident's admission comprehensive RAI assessment dated 10/11/13 revealed facility staff identified that the resident had a urinary catheter. However, the resident's assessments provided no evidence the facility assessed Resident #12 and considered the risk factors of the indwelling urinary catheter (urethral erosion, pain, and discomfort).</p> <p>Further review of the RAI assessment revealed the resident's BIMS score was 14, indicating the resident was cognitively intact.</p> <p>A review of Resident #12's care plan dated 10/07/13 revealed the resident had "additional risks" related to urinary retention and indwelling urinary catheter usage. The facility developed a care plan for catheter care "per protocol."</p> <p>An interview with the DON on 11/21/13 at 2:40 PM revealed the protocol for urinary catheter care was not a written protocol but meant for staff to wash the resident with soap and water every shift and as needed.</p>	F 315			

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F 315	Continued From page 18  Interview with Resident #12 on 11/21/13 at 4:00 PM revealed the resident's catheter was "twisted" the previous night and the resident had to summon staff. The resident also stated that he/she had catheter pain when staff assisted the resident with transfers and the catheter was pulled. The resident stated the facility did not utilize anything to secure the catheter tubing to the resident's leg.  Interview with State Registered Nurse Aide (SRNA) #1 on 11/21/13 at 5:40 PM and SRNA #2 on 11/21/13 at 2:42 PM revealed they did not secure residents' catheter tubing to their legs.  Interview with Registered Nurse (RN) #1 on 11/21/13 at 2:35 PM, Licensed Practical Nurse (LPN) #1 on 11/20/13 at 4:05 PM, LPN #2 on 11/20/13 at 4:40 PM, and LPN #3 on 11/20/13 at 4:40 PM revealed the facility did not secure residents' catheter tubing to the resident's leg and they were not aware the facility's policy was to secure urinary catheters to the resident's leg.  An interview with the RAI Coordinator on 11/21/13 at 4:30 PM revealed if a resident who utilized a urinary catheter exhibited signs of erosion or pulling of the catheter, then the risk factors would be assessed only if the risk factors occurred during the assessment reference period. The RAI Coordinator stated the Unit Managers develop resident care plans related to the resident bladder needs. According to the RAI Coordinator, the resident's care plan to "anchor" a urinary catheter meant to insert the catheter and inflate the catheter bulb.  An interview with the AB Unit Manager on	F 315			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 11/21/2013
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 315	Continued From page 19 11/20/13 at 4:40 PM revealed she was not sure what the facility's policy was related to securing urinary catheters.	F 315			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE  The facility must ensure that it is free of medication error rates of five percent or greater.  This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure it was free of a medication error rate of five percent or greater. During medication administration observation on 11/19/13, twenty-five medication opportunities were observed and three errors were observed, resulting in a medication error rate of 12 percent.  The findings include:  A review of the facility's procedure for Medication Administration (not dated) revealed the facility licensed nurse and/or medication assistant would administer medication according to state specific regulation and would check to ensure medication was being administered by the right route and right time.	F 332	FF332/N237  1. Resident A and B had no ill effects from this deficient practice, and were the only resident affected by this practice. The physician of both these residents was notified immediately and there were no new orders. Both residents A and B have requested their insulin be injected in the upper arm. This also was discussed with their physician.		

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F 332	Continued From page 20  1. Observation of medication administration on 11/19/13, at 12:07 PM revealed Licensed Practical Nurse (LPN) #1 obtained a finger stick blood sugar reading for an unsampled resident (Resident A) and administered 2 units of Humulin R Insulin to the resident based on the blood sugar reading of 163. Further observation revealed the insulin was injected into the resident's left deltoid muscle (the muscle that forms the round part of the shoulder). The resident was observed eating the lunch meal and had eaten approximately one-third of the meal when the finger stick blood sugar was obtained.  A review of Resident A's November 2013 physician's orders and orders initially dated 07/31/13, revealed "Accu" checks (finger stick blood sugar readings) were required to be obtained prior to meals and the insulin dosage required to be given, if any, was based on the blood sugar results. Further review of the physician's orders revealed the route insulin was required to be administered was not specified.  A review of Important Safety, Patient, and Prescribing Information for Humulin R insulin revealed the medication should be administered under the skin (subcutaneously) and should never be injected into a muscle.  2. Observation of medication administration on 11/19/13, at 12:30 PM revealed Licensed Practical Nurse (LPN) #1 assisted Resident B to his/her room from the dining room. The resident was observed to have eaten approximately one-half of the noon meal. Once in the resident's room, LPN #1 obtained a finger stick blood sugar reading and administered 10 units of NovoLog	F 332	2. All residents have the potential to be affected y this practice. The DON, UM's and/or the ETD will review medication administration, especially insulin delivery and accuchecks, with this specific nurse for at least 3 times weekly for a month, then once a week for the next 2 weeks, then monthly for 2 months, to assure proper procedures are being followed, and all accuchecks and insulin injections are done prior to a meals, as ordered. Also they will observe that the correct route is being used. If the resident prefers to get the insulin injection in a specific site, we will ensure that it is added to the care plan, and we will ensure that it is not injected in the muscle and all insulin injections are given subcutaneous		

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42501		
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F 332	<p>Continued From page 21</p> <p>insulin to the resident based on the blood sugar reading of 271.</p> <p>A review of Resident B's physician's orders dated 11/14/13 revealed finger stick blood sugars were required to be obtained prior to meals and the insulin dosage required to be given, if any, was based on the blood sugar results.</p> <p>An interview with LPN #1 on 11/20/13 at 4:05 PM, revealed she administered Resident A's insulin in the deltoid because the resident preferred the insulin be given there. LPN #1 stated she did not check Residents A and B's blood sugar and administer insulin prior to the meal because she was on the phone with a physician. LPN #1 stated the residents' blood sugars were not any higher or lower than normal.</p>	F 332	<p>3. The measures that the facility has put into place to ensure the this deficient practice does not reoccur are: The ETD will rein-service all nurses as to the policy and procedures on Medication Administration, with emphasis on accuchecks, insulin delivery, and other off-hours administration times such as ac, pc, etc. She will also cover the correct routes for delivery. The DON, UM's and/or the ETD will observe all nurses med pass at least twice for the next month. then they will make observations of medication administration at least weekly for the next 4 weeks to ensure that the proper procedures are followed in insulin delivery and correct time are being observed.</p> <p>4. The facility plans to monitor its performance to ensure solutions are sustained by: The facility QA Committee will meet at least monthly beginning 12/15/13, to review audit findings and revise the plan as needed</p> <p>5. Completion Date: 12/31/13</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185173	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  11/19/2013
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 40501 Division of Health Care Enforcement Branch	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  CFR: 42 CFR §483.70 (a)  BUILDING: 01  PLAN APPROVAL: 1985  SURVEY UNDER: 2000 Existing  FACILITY TYPE: SNF/NF  TYPE OF STRUCTURE: One story, Type II (000)  SMOKE COMPARTMENTS: 8  COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM  FULLY SPRINKLERED, SUPERVISED (WET SYSTEM)  EMERGENCY POWER: Type II natural gas generator  A life safety code survey was initiated and concluded on 11/19/13, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.  Deficiencies were cited at "F" level.	K 000	K038  1. The exit doors are being upgraded so the will release when the fire alarm is activated. The doors are operating properly and do open with a delay of 15 seconds.  2. The Maintenance Director will audit all doors in the facility to ensure that they open properly. He will focus on the egress doors and will ensure that they open properly and immediately when the fire alarm is activated. Any issues will be addressed immediately. These egress doors will be checked daily for proper function indefinitely to assure they open properly.  3. The doors will be checked every day to make sure they work properly. We will check them when the fire alarm is activated at least monthly going forward to ensure they are in compliance. They will be a part of the maintenance schedule on a monthly basis to ensure they open with no delay when the fire alarm system is activated.  4. The facility QA Committee will meet at least monthly beginning 12/15/13, to review audit findings and revise the plan as needed  5. Completion Date: 12/31/13	
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 03		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Jeff Spurgeon* Adm.

(X6) DATE

1/13/14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure exit doors were maintained according to NFPA standards. This deficient practice affected eight of eight smoke compartments, staff, and all the residents. The facility has the capacity for 93 beds with a census of 88 on the day of the survey.  The findings include:  During the Life Safety Code tour conducted on 11/19/13 at 3:00 PM with the Director of Maintenance (DOM) a test of the fire alarm system revealed the magnetic door locks on the exit doors would not release as required. The locks should release and not reengage until the fire alarm system is reset and showing normal conditions. The exit doors would release when utilizing the delayed egress system during this test.  An interview with the DOM on 11/19/13 at 3:00 PM revealed he was not aware the exit doors were not operating properly.  The findings were revealed to the Administrator upon exit.  Reference: NFPA 101 (2000 Edition).  7.1.9 Impediments to Egress.	K 038			

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K 038	Continued From page 2 Any device or alarm installed to restrict the improper use of a means of egress shall be designed and installed so that it cannot, even in case of failure, impede or prevent emergency use of such means of egress unless otherwise provided in 7.2.1.6 and Chapters 18, 19, 22, and 23.	K 038			